

**STAFF USE ONLY**

Intake Date: _____

Fee Paid: _____

**TOWN OF HAVERHILL
PERMITTING AND LICENSING DEPARTMENT**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

**APPLICATION FOR VARIANCE
ZONING BOARD OF ADJUSTMENTS****INSTRUCTIONS TO APPLICANTS:**

1. The completed application is to be signed by the owner and applicant. The Agent's authorization of power of attorney must be attached if the applicant is other than the owner.
2. Complete all sections of this application. If not applicable, indicate with N/A.
3. Provide required attachments.
4. Pay a filing fee in the amount of \$350 for residential applications or \$500 for commercial applications, check payable to the Town of Haverhill. For commercial applicants only, in addition to the filing fee, an additional check in the amount of \$1,000 is to be collected at the time of application and placed in an escrow account to cover legal, advertising and professional review fees. Leftover funds to be reimbursed to the applicant, difference to be billed accordingly.
5. Provide a list of all property owners within a 300' radius of boundary lines of the property as provided by the Palm Beach County Property Appraiser's Office and executed affidavit signed by the person responsible for completing this list along with 1 set of STAMPED (meter stamps not acceptable) and no return address.

DATE: _____ ZONING DISTRICT: _____

PROPERTY ADDRESS: _____

APPLICANT: _____

ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

OWNER: _____

ADDRESS: _____

PHONE NO.: _____ FAX NO.: _____

In order to authorize any variance, the applicant MUST demonstrate the following:

1. Explain the special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures or buildings in the same zoning district.
2. Explain how the special conditions and circumstances do not result from the actions of the applicant or owner or prior owner.
3. Explain how the granting the variance requested will not confer on the applicant any special privilege that is denied by this chapter to other lands, buildings or structures in this same zoning district.
4. Explain how the literal interpretation of the provisions of this chapter would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of this chapter and would work unnecessary and undue hardship on the applicant.
5. Explain how the variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.
6. Explain how the grant of the variance will be in harmony with the general intent and purpose of the Zoning Code, and that such a variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

THE BURDEN OF PROVING THE STANDARDS AS SET FORTH ABOVE IS UPON THE APPLICANT.

1. Describe in your own words what you are requesting.
2. Include a plot plan showing the location and dimension of your proposed structure and any existing structures, dimension of the lot, easements, all setback lines, occupancy of all buildings, parking and loading spaces, sidewalk and driveways.
3. Please provide all documentation necessary to prove your case, including a survey, if applicable. Attach additional pages as needed.
4. Hardship MUST be shown in the application for a variance. You must be able to prove that the condition of the property is so unusual that the Zoning Code prevents you from using your land in a reasonable way.

OWNER'S AUTHORIZATION:

Each petition must bear the signatures of all the owners of the property in the petitioned area. **A letter of authorization allowing a person other than the owner to sign such a petition must be attached to and accompany said petitions.**

Signature of Owner(s) of Record

Signature of Applicant/Agent

Type Name of Owner(s)

Type Name of Applicant/Agent

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day
of _____, 20____, by _____
who is personally known to me, or has produced _____
as identification.

SEAL:

Notary Public, State of Florida

Notary Name (Typed, Stamped, or Printed)

Commission No.: _____

My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF PALM BEACH)
TOWN OF HAVERHILL)

BEFORE ME THIS DAY PERSONALLY APPEARED _____

_____ WHO BEING DULY SWORN, DEPOSES

AND SAYS:

THAT THE ACCOMPANYING LIST OF PROPERTY OWNERS,
MAILING ADDRESSES AND LEGAL DESCRIPTIONS OF ALL
PROPERTY WITHIN 300 FEET OF THE BELOW DESCRIBED
PARCEL OF LAND IS, TO THE BEST OF HIS/HER
KNOWLEDGE, COMPLETE AND ACCURATE AS RECORDED IN
THE LATEST OFFICIAL TAX ROLLS IN THE PALM BEACH
COUNTY COURTHOUSE.

THE SUBJECT PROPERTY IS LEGALLY DESCRIBED AS FOLLOWS:

SEE ATTACHED

FURTHER AFFIANT SAYETH NOT.

Signature

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of

_____, 20____ by _____,

who is personally known to me or has produced _____

as identification and who did (did not) take an oath.

(Notary's Signature)

MY COMMISSION EXPIRES: _____